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Appl No. : 10/635,400 Confirmation No.: 8012
Applicant : MOHR ET AL.
Filed : August 6, 2003
TC/A.U. : 1764
Examiner : Christina A. Ildebrando

Docket No. : 99B012/3
Customer No. : 23455

COMPLIANT LETTER TO THE CLAIMS UNDER 37 C.F.R. 1.121

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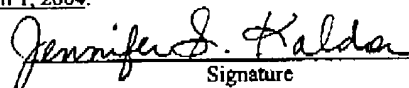
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In response to the Official Action dated March 17, 2004, Applicants respectfully request entry of the following corrected amendments to the claims in the above-identified application.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 8 of this paper.

Page 1 of 8

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. 99B012/3
Applicant(s): Gary D. Mohr			
Serial No. 10/635,400	Filing Date August 6, 2003	Examiner Christina A. Ildebrando	Group Art Unit 1764 1725
Invention: Tailored Zeolite Bound Zeolite Catalyst And Its Use For Hydrocarbonds Conversion			
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/635,400	
	Filing Date	August 6, 2003	
	First Named Inventor	Gary D. Mohr	
	Art Unit	1764	
	Examiner Name	Christine A. Ildebrando	
Total Number of Pages in This Submission	9	Attorney Docket Number	99B012/3

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Certificate of Transmission (by facsimile)</div>
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Edward F. Sherer Registration No. 29,588 Customer No. 23455
Signature	<i>Edward F. Sherer</i>
Date	April 1, 2004

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